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AUTHOR Hannah, Mary Elizabeth; Midlarsky, Elizabeth
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ABSTRACT

Although community-based treatment strategies have gained in prominence, recipients of those services still suffer from negative labeling and public reactions. To investigate differential effects of labels and/or descriptions of handicaps on attitudes toward disabilities, two studies were conducted. In the first study, 140 college students (65% white, 35% black) completed the Attitude Toward Disabled Persons (ATDP) Scale under two stimulus conditions (labels or descriptions). An analysis of the results showed that for amputee, blind, deaf, severely mentally retarded, and psychotic, there were no significant differences in the social distance scores under the two stimulus conditions. In contrast to the lower social distance scores for the labeling of alcoholics, diabetics, epileptics, ex-convicts, and ulcer patients, neurotics received significantly lower social distance scores in the description condition. In the second study, 209 college students (52% white, 48% nonwhite) completed the ATDP under three stimulus conditions (labels, descriptions, labels and descriptions). An analysis of the results showed that for deaf, diabetic, epileptic, ex-convict and ulcer patients, exposure to descriptions led to significantly greater social distance scores than did exposure to the labels. On the other hand, for epilepsy, diabetes and ulcers, the labeled descriptions resulted in lower social distance than the unlabeled descriptions. For the epileptic, the description led to significantly greater social distance than did either the label or the labeled description. The findings indicate that the choice of how to label the handicapped is a comples matter, dependent on the specific disabilities and on the nature of prevailing stereotypes about the disabilities. (BL)

Describing the Recipients of Rehabilitation Services: Which Way Is Best?

Mary Elizabeth Hannah and Elizabeth Midlarsky

University of Detroit

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Within the last twenty years, community-based treatment strategies have gained increased prominence as interventions for those who are handicapped. Consequently, individuals with mental, intellectual and physical disabilities, many of whom would have been institutionalized, are now living, receiving treatment, and in some instances working in the community (Specter and Zax, 1974; Rappaport, 1978). Despite the demonstrated effectiveness of these strategies (Kiesler, 1982), the public reaction to the presence of stigmatized individuals in the community is typically not favorable, and indeed may be characterized as hostile and rejecting (cf. Brockman & Darcy, 1978; Calicchia, 1982; Goffman, 1963; Segal, 1978). Thus, one major problem faced by psychologists working in community settings is the difficulty in establishing acceptance for their clients.

Clients with a wide variety of disabilities are typically subjected to labelling by agents of society, for diagnostic or treatment purposes (Gove, 1980). However, leaders in educational and mental health settings (cf. Hobbs, 1975; Szasz, 1970) have suggested that labels are likely to evoke negative stereotypes, and that individuals should therefore no longer be labelled but rather described in terms of their characteristics and behaviors. For example, Katz (1981) argues that an individual's criminal behaviors are less crucial in determining behavioral responses by the community than whether he or she is labelled a "criminal." Critics of the labelling approach cite research which purportedly finds that respondents

show a more positive reaction to unlabelled behavioral descriptions than to labels alone or to descriptions of behavior which are accompanied by labels (i.e., labelled descriptions).

A careful review of this research, however, uncovers several methodological difficulties. In some instances, the descriptions used are benign in that they depict a well-functioning individual, and gloss over the handicap (cf. Jaffee, 1967). Consequently, the respondents may ignore the handicapping condition, or react to this well-functioning handicapped individual in a more positive way than if he or she were not disabled (Katz, 1981). In other instances (Loeb, Wolf, Rosen & Rutman, 1968; Kirk, 1974), the behavioral description does not accurately match the label presented. In these cases, the respondents may reject the label and respond only to the behaviors, or apply their own more appropriate label and react to that label. Furthermore, responses may depend, at least in part, on the personality characteristics of the respondents. As Farina, Sherman and Allen (1968) concluded, "Whether a stigma evokes favorable attitudes may be a complex matter involving at least the nature of the stigma, the characteristics of the perceiver and the context of the interaction."

The purpose of the initial study was to investigate the effects of different stimulus conditions (labels or descriptions of handicaps) on the behavioral intention component of attitudes toward individuals with a variety of handicaps. A second purpose was to determine if a personality characteristic--the degree to which an individual holds stereotypic beliefs about the handicapped--may interact with the stimulus condition and

differentially effect attitudes.

Study 1

Method

Instrumentation. In order to assess the behavioral intention component of attitudes toward the handicapped, two sets of stimuli for a social distance scale were developed. One set consisted of twelve commonly used labels; the other comprised descriptions of characteristics appropriate for each of the labels. Unlike descriptions used in previous research, the descriptions in the present study focused on the behaviors and characteristics appropriate for a particular handicapping condition, and avoided other potentially confounding information such as employment status or social functioning. As a control for possible sex bias, all individuals in the descriptions were referred to by initials (e.g., "B. J.," "S. M."). Fifteen psychology graduate students familiar with definitions of handicapping conditions, and blind to the nature or purpose of the study, matched each description with the correct label, thus assuring the content validity of the descriptions. For each stimulus, the task for respondents in the current research was to indicate the most intimate interaction they would be willing to enter into with a person so labelled or described (Tringo, 1970). Choices ranged from "would marry" to "would put to death."

The Attitude Toward Disabled Persons Scale (ATDP) (Yuker, Block & Young, 1966) was used to assess the degree of stereotyping. The ATDP consists of 20 statements about the handicapped, and the subjects' task is to indicate the degree to which they agree or disagree with each

statement. According to previous research, the ATDP has test-retest reliability of +.66 to +.89 with a median of +.73 (Yucker, Block and Young, 1966). Questionnaires were randomly distributed so that approximately one-half the subjects were exposed to each stimulus condition.

Subjects. One hundred forty undergraduates at a large urban university who were enrolled in a variety of psychology courses served as subjects. Forty percent of the sample was male, and 60% female, while 65% were white and 35% black. Ages ranged from 17 to 37 years, with the median age being 19 years.

Results

On the basis of their ATDP scores, subjects were divided into high, medium and low stereotyping groups. For each handicapping condition, the social distance scores were analyzed using a 2 (stimulus condition) x 3 (degree of stereotyping) factorial design. Mean scores and F ratios are presented in Table 1.

Insert Table 1 about here

The results indicated that for five exceptionalities (amputee, blind, deaf, severely mentally retarded and psychotic), there were no significant differences in the social distance scores under the two stimulus conditions. For the alcoholic, diabetic, epileptic, ex-convict, mildly mentally retarded, and ulcer patient the label condition received a significantly lower social distance score, indicating greater acceptance.

In contrast, the description of the neurotic received a significantly lower social distance score. In no instance did the degree of predisposition to stereotype (ATDP score) interact with stimulus condition to differentially influence the social distance score.

Discussion.

Results of this study indicate that contrary to current expectations and prior research (Jaffee, 1968; Kirk, 1974), the use of descriptions of handicapped individuals does not appear to lead to a greater willingness to be close to those individuals than the use of labels.

There appear to be two possible explanations for this finding. First, as Hobbs (1975) suggests, individuals may use labels to "explain" behavior, and thus to mitigate threat or aversiveness. If this is indeed the case, then in those instances in which subjects were presented with unlabelled descriptions that they could not account for in socially desirable or neutral terms (e.g., burping, taking antacids and avoiding spicy foods in the description of the ulcer patient), they may have therefore reacted with increased social distance. Second, while the descriptions used were neither overly dramatic nor unduly severe, it may be that confronting the subjects with the actual characteristics and behaviors rather than permitting them to react based on their own possibly vague or benign impressions of these persons, led to the preference for greater social distance.

If the first explanation is tenable, and a label does serve to explain behavior, then where a description leads to higher social distance, adding a label to the description should decrease social distance. Consequently,

the deacription condition should be significantly different from both the label and the labelled description. Conversely, if confronting a person with behavior appropriate to a handicapping condition leads to greater social distance; then adding a label to a description should not impact on social distance scores. Thus, there should be no difference between the description and the labelled description. In order to determine whether either of these explanations was tenable, a second study was conducted which compared social distance scores for labels, descriptions and labelled descriptions.

Study 2

Method

Instrumentation. As in Study 1, all subjects completed the ATDP. However, in this study, a third set of stimuli was added by placing a phrase containing the label at the beginning of each description, resulting in a labelled description (e.g., TC, who is an amputee. . .). Questionnaires were randomly distributed to subjects so that approximately one-third were exposed to each stimulus condition.

Subjects. Subjects were 209 undergraduates enrolled in a variety of psychology courses. Forty-seven percent of this sample were male and 51% were female; while 52% were white and 48% were nonwhite. Age ranged from 18 to 59, with the median age being 19 years.

Results

Based on their ATDP scores, subjects were divided into high, medium and low stereotyping groups. For each handicapping condition, the social distance scores were analyzed using a 3 (stimulus condition) x 3 degree

of stereotyping) factorial design. Post hoc comparisons using Scheffé's method were used to explore significant differences among the stimulus conditions. Means and F ratios are contained in Table 2.

Insert Table 2 here

As Table 2 indicates, there were no significant differences among stimulus conditions for four handicapping conditions (amputee, blind, mildly mentally retarded and severely mentally retarded). In three instances (diabetic, ulcer patient and ex-convict), there were significant differences between the label and the description, as well as between the label and the labelled description. For three conditions (epileptic, neurotic and psychotic), exposure to the description led to significantly different attitudes than exposure to the label and to the labelled description. In one instance (alcoholic), the label condition was significantly different from the labelled description condition, while in another (deaf), the label was significantly different from the description. In no instance was there a significant interactive effect on social distance of stimulus condition and degree of stereotyping (ATDP).

Discussion

Study 2 was designed to investigate two possible explanations for the significantly greater social distance scores obtained in Study 1, in the condition in which descriptions of handicapped individuals were used rather than labels. The lesser aversiveness of labels, in

comparison to descriptions, could be attributed to (a) subjects' lack of ability to fully comprehend the nature of conditions without a label, leading to aversive reactions, or (b) distance due to being confronted by aversive characteristics and behaviors attributed to a given condition.

The results provide partial support for both of the explanations. For five conditions (deaf, diabetic, epileptic, ex-convict and ulcer patient), exposure to descriptions led to significantly greater social distance scores than did exposure to the labels. On the other hand, for three conditions--epilepsy, diabetes and ulcers--the labelled descriptions resulted in lower social distance than the unlabelled descriptions. This may be because the descriptions of what are apparently aversive behaviors may be mitigated when a label is applied, which serves to account for those behaviors.

For the epileptic, it seems tenable that a label may serve as an explanation for behavior. In this case, the description led to significantly greater social distance than did either the label or the labelled description. However, once a label was added to the description, respondents understood the behaviors described and reacted to them in the same way that they reacted to the label alone.

That confronting a person with behavior appropriate to a handicapping condition can indeed lead to greater social distance was supported in two instances--diabetes and ulcers. These are both covert physical conditions whose characteristics may not be well known to the general

public. For both of these conditions, in comparison to the label only condition, subjects reacted with increased social distance whenever the characteristics of the condition were described (description cond. and labelled description cond.). This reluctance to interact more intimately can therefore be attributed to exposure to a description of the behaviors, as labelling the description did not lead to significantly less social distance.

Also of import is the finding that for three of the most stigmatizing conditions (Harasymiw, Horne & Lewis, 1976)--alcoholic, ex-convict and psychotic--the labelled description led to the greatest social distance.

General Discussion and Overview

Taken together, these studies offer some guidance for psychologists who wish to promote the acceptance of stigmatized individuals in community settings. First, it seems that when working with individuals who have conditions in which there is little room for variation in the major characteristics of the condition(e.g., amputee), the way in which the individual is presented has little or no impact on attitudes. Thus, with impunity, either a label or description may be used. However, when dealing with highly stigmatizing conditions (alcoholic, ex-convict, psychotic), describing deviant behaviors, or describing the behaviors and then labelling them may be most damaging. Consequently, when the goal is to promote acceptance for these individuals, it may be most appropriate to use a label to characterize or denote the problem. In contrast, descriptions may be most appropriate for those individuals with mild

psychological conditions (e.g. neurotic), because a label with psychiatric connotations tends to evoke more negative reactions.

In sum, it appears that presenting handicapped persons for optimal acceptance is not a simple matter whereby one mode of presentation (label, description, or labelled description) is best for all conditions. Consequently, psychologists in community settings may best be advised to vary their approach, depending upon their clients' conditions and characteristics.

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Table 1

Means and F Ratios for Conditions

Condition	Mean		F
	Description	Label	
Alcoholic	1.68	1.38	4.05*
Amputee	.64	.68	< 1
Blind	.73	.65	< 1
Deaf	.73	.64	1.24
Diabetic	.80	.48	14.14**
Epileptic	.98	.75	3.99*
Ex-Convict	2.03	1.34	20.08**
Mildly Mentally Retarded	1.24	.96	6.11**
Neurotic	1.19	1.59	6.71**
Psychotic	2.09	2.20	< 1
Severely Men. Retarded	1.83	1.87	< 1
Ulcer	.80	.51	13.39**

*p < .05

**p < .01

Table 2

Means and F Ratios for Conditions

Condition	Stimulus			F
	Description	Label	Labelled Description	
Alcoholic	1.74	1.51	1.96[a]	3.73*
Amputee	.69	.70	.69	<1
Blind	.75	.66	.81	4.48**
Deaf	.90	.65[b]	.80	6.18**
Diabetic	.92	.49[b]	.72[a]	14.16***
Epileptic	1.21	.89[b]	.87[c]	4.28*
Ex-Convict	2.00	1.66[b]	2.12[a]	4.02*
Mildly Mentally Ret.	1.23	1.20	1.25	< 1
Neurotic	1.11	1.80[b]	1.60[c]	9.49***
Psychotic	1.72	2.36[b]	2.56[c]	14.66***
Severely Men. Retarded	1.96	1.97	2.17	1.21
Ulcer	1.06	.48[b]	.81[a]	15.78***

Note.--a=significant difference between label and labelled description; b=signif. diff. between label and description; c=signif. diff. between description and labelled description.

*p < .05

**p < .01

***p < .001